



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF GEOLOGISTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## PROFESSIONAL EXPERIENCE REFERENCE FORM – EXAMINATION APPLICANTS

### APPLICANT INFORMATION – The applicant completes this section (Questions 1-4).

Arrange for the Board to receive at least **five professional references** that document a combined total of **five years** of professional geologic work experience. Complete this section and send the form to *each* person who will verify your professional geologic work experience.

1. Full Name: \_\_\_\_\_  
First Middle Last
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
4. Active License Number(s): \_\_\_\_\_ State(s): \_\_\_\_\_

### PROFESSIONAL GEOLOGIC EXPERIENCE – The person verifying the applicant's professional geologic work experience completes this section (Questions 5-14).

The applicant named above is applying for Geology licensure in Delaware. Provide the following information to verify the applicant's professional geologic work experience.

5. Your Name: \_\_\_\_\_
6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
7. Your Geologic Registration Number: \_\_\_\_\_ State: \_\_\_\_\_
8. Your Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_
9. Check your relationship to the applicant named above:  
☐ Employer ☐ Supervisor ☐ Co-worker ☐ Other: \_\_\_\_\_
10. I have known the applicant **professionally** since: \_\_\_\_\_
11. On the next page, provide information about the applicant's professional geologic work experience. Enter only work experience about which you have **first-hand, detailed personal knowledge in your professional capacity**. Space is provided for two periods of work experience. For example, if you supervised the applicant on two projects, you may enter the first project under Work Experience 1 and the second under Work Experience 2. If applicable, you may verify work he/she completed in more than one state.

You may copy this page.

### WORK EXPERIENCE 1

I have **personal knowledge** of the applicant's professional geologic work experience in \_\_\_\_\_  
state, U.S. territory or D.C.  
from \_\_\_\_\_ to \_\_\_\_\_.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?  
Yes ☐ No ☐

Employer Name: \_\_\_\_\_

Where did this work experience take place? \_\_\_\_\_  
State, U.S. territory or D.C.

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period.

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### WORK EXPERIENCE 2

I have **personal knowledge** of the applicant's professional geologic work experience in \_\_\_\_\_  
state, U.S. territory or D.C.  
from \_\_\_\_\_ to \_\_\_\_\_.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?  
Yes ☐ No ☐

Employer Name: \_\_\_\_\_

Where did this work experience take place? \_\_\_\_\_  
State, U.S. territory or D.C.

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. :

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12. Provide your evaluation of the applicant's **overall** work performance. Check only *one* evaluation for each criterion.

	Excellent	Good	Poor	Unknown
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you consider the applicant qualified for licensure as a geologist? Yes ☐ No ☐

14. Additional remarks or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

I certify that the information that I have provided is accurate and truthful to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_ Date Completed: \_\_\_\_\_

AFFIX  
SEAL

**Mail the completed form *directly* to Board of Geologists at the address above.**

The Board office will accept only forms it receives *directly* from the person verifying the applicant's professional geologic work experience. Forms returned by the applicant will not be accepted.

Faxed forms will not be accepted.